

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO. **09/786214** FILING DATE  
APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	1	1	2	2	1		
TOTAL DER.			2	2	1		
TOTAL CLAIMS	1	1	4	4	2		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

$4 + 9 = 13$